

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011066

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 21 1963

3019

49

VS 300
Rev. 4/59

DATE AMENDED

3/22/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Pending autopsy report.

DOCUMENT

SHOULD READ

Death is ascribed to ventilatory & respiratory pneumonia and atelectasis

BY AFFIDAVIT OF physician

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Kennett	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial		d. STREET ADDRESS 1901 Harris	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roy Middle Cecil Last Cariaco		4. DATE OF DEATH Month March Day 10 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/5/1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 49
11. BIRTHPLACE (City and state or country) Kennett, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME W. E. Cariaco		13b. MOTHER'S MAIDEN NAME Etta Steinett	
14. NAME OF HUSBAND OR WIFE Erma Cariaco		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of war) yes WW Two	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Erma Cariaco, Kennett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: Death is ascribed to ventilatory and respiratory insufficiency due to complete involvement of both lungs with the combination of emphysema, pneumonia and atelectasis.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw him alive on _____. Death occurred at approximately 4:30 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joe A. Zimmerman MD		22b. ADDRESS Kennett Mo.	
22c. DATE SIGNED 3-14-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/13/1963	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge	23d. LOCATION (City, town, or county) (State) Kennett Missouri
24. FUNERAL DIRECTOR ADDRESS McDaniel Funeral Ser. Kennett, Mo.		25. DATE RECD. BY LOCAL REG. 3-18-1963	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

1961 12 2 NAM

MAY 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Tommy S. Roberts

Licensed Embalmer No.

4886

P. O. Address

Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.